

<b>Case Number:</b>	CM13-0047791		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/19/1993
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who reported an injury on 09/19/1993. On 01/16/2014 the injured worker was evaluated and reported stomach pain and heartburn. The injured worker describes the pain as constant and rates it at 10/10. She did not have any relief from physical therapy or Soma therapy. The injured worker has slight, intermittent knee pain which was aching in quality. The treatment plan was to continue on medications for reflux and hypertension. A physicians progress report dated 04/08/2014 noted the injured worker had diagnoses including hypertension, gerd and insomnia. A request for authorization for medical treatment was not included within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**AMBIEN 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Medications, Ambien (Zolpidem).

**Decision rationale:** The request for Ambien 10mg is not medically necessary. The Official Disability Guidelines note that zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Within the documents submitted for review it was unclear if the provider was recommending Ambien for short term therapy. There was a lack of documentation pertaining to the injured workers insomnia. In addition, the request did not specify the quantity being requested. Therefore, the request for Ambien is not medically necessary.